



## Lamont-Bysiewicz Transition Policy Committee

**Committee Name:** Human Services Committee  
Workgroup: Critical Issues effecting the Human Services Workforce

**Workgroup Members:** Deborah Schwartz  
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### Addendum 1 to Reporting Template

Further Detail and Specifics:

**1. How do you propose the Lamont Administration should prioritize the policy goals in this area, and on what timeframe?**

- Skilled workforce prepared to meet evolving needs of individuals with age-related, physical, intellectual, developmental or behavioral disabilities and their families
  - Well-trained
  - Appropriately credentialed
  - Well-compensated
  - Specific steps towards accomplishing this goal
    - Centralized training and payroll processes, ensuring consistency and efficiency across agencies
    - Apprenticeships to develop skills and curricula
      - Community colleges and joint Labor-Management Training Funds are an option to achieve economies of scale
    - Development of career ladder
      - Compensation differential based on training and credentials; incentive to recruit and retain qualified professional staff
- Develop and maintain a continuum of disability services across the public and private sectors
  - With more than 2000 individuals either mired on the DDS Waiting Lists or in need of future services, we must reinforce the spectrum of services, recognizing and drawing on the particular strengths of each sector.
  - Most private sector agencies do not have the resources to provide critically needed services. Clients who have moved from public sector to private sector group homes have lost access to services such as dental care or certain kinds of therapy. While it is harder to quantify, loss of access to services has real

costs to these families and individuals in terms of health outcomes and service quality

- Public sector resources (staff and facilities both) are available to answer unmet needs of ID/DD population in the areas of respite, behavioral supports, health care, therapeutic recreation and inappropriate placements (in nursing homes, prisons, etc.)
- Specific steps towards accomplishing this goal
  - Utilize and re-allocate public sector staff to maximize state's ROI on their training, experience and skill sets in providing home-and-community based supports and services
  - Increase available length and frequency of stay in public-sector respite centers to offer more support to caretakers

## **2. Which goals are achievable in the first 100 days of the Administration?**

- Development of long-term plan to achieve universal accreditation of direct care workers (Direct Support Professionals, or DSPs) in the human services field
- Documentation of actual and complete costs of current system of providing care to individuals and families with disabilities. Such documentation would include:
  - Costs of public assistance programs to low-wage workers such as HUSKY, SNAP, TANF, heating, etc.
  - Administrative costs incurred due to current fragmentation of services across hundreds of services providers, including: multiple Executive Director salaries; payroll administration costs; accounting and audit costs; legal and other fees

## **3. Which goals will require legislation to move forward? Which items can be advanced through the actions of the Administration alone? What is the fiscal impact of these legislative or executive actions?**

- Legislation to mandate in statute:
  - Direct care workers in agencies providing Intellectual/Developmental Disability Services (ID/DD) be defined as Direct Support Professionals (DSPs)
  - DSPs to obtain work skills and protocols via a universal training program leading to standardized certifications, portable between the public and private section and between agencies
- Legislation to mandate sustainable funding mechanisms such as
  - Re-invest savings/cost efficiencies into services and compensation
  - Adjust Medicaid reimbursement rates to reflect ongoing actual service-delivery costs
  - Possible financial quality incentives

- Fiscal impact:
  - Potential for significant savings by centralizing administrative functions such as payroll
  - Potential for significant savings by standardizing training between agencies; lower training costs and shorten training time when moving from one agency to another
  - Fiscal impact could be quantified by compiling DDS cost reports and looking at potential savings administrative and training savings across multiple agencies
  - Other aspects of Fiscal Impact would vary depending on funding mechanisms in legislation and appropriations going forward

**4. Are there specific challenges you can identify with regard to achieving the Lamont Administration’s goals, and how would you suggest to address those?**

- Funding and budget issues, particularly upfront costs of establishing training program
  - Need to take long-term view of creating a sustainable quality system
  - Alliance with and buy-in from advocacy organizations for meaningful choice, quality supports
- Attracting a skilled workforce with minimal turnover
  - Need to change perception of Direct Support work; hence consistent referral to **Professionals**, emphasis on importance of the work
- “Turf” issues: achieving collaboration across agencies, service providers, public/private sector
  - Policy summits, clear direction from administration, frank discussion of outcomes absent collaboration
- Fragmentation of service provision across multiple providers of varying sizes; protection of respected smaller “home-town” agencies blocking potential economies of scale and/or efficiencies
  - “White paper” illustrating redundancies and inefficiencies in current system, how much more service could be provided, or training funded with varying levels of cost reduction on administrative level

**5. How will implementation of policy in this area create jobs and spur economic growth?**

Connecticut’s aging population (13.8% over the age of 65, ranking us 10<sup>th</sup> oldest nationally) and ongoing challenges in providing to services to individuals on the DDS waiting list means the need for human service workers will grow exponentially. The critical issues that prevent potential worker from viewing this job classification as a viable profession must be addressed or workforce shortages will both diminish the

quality of care and lead to more costly institutional care. Additionally, workforce and/or service shortages diminish productivity and opportunities for family caregivers when services are unavailable, hindering economic growth

- Investment in local communities, providing local or nearby job opportunities
- Career growth for direct service professionals, diminishing their need for social supports and increasing individual/family purchasing power
- Relief of economic stress on family caregivers

**6. Are there opportunities for cost savings for CT state government in the context of implementing this policy?**

Yes. Due to low wages and inadequate benefits for the current human services workforce, many currently receive other government supports such as HUSKY, SNAP and Section 8 assistance. In addition, the high turnover undermines quality of care and increases training costs.

- Centralization of training and administrative functions (like accounting, payroll, audits and legal representation) will create economies of scale
- Long-term, a less-fragmented system will also reduce redundant costs for administrative functions

**7. What examples of success from other states, countries, or the private sector in this policy area should the Administration study?**

Every state struggles to provide adequate services and quality supports. Minnesota has made progress on developing training, credentials and career ladders based in part on the well-respected work of K. Charlie Lakin, Ph.D. He was Director of the University of Minnesota's Rehabilitation Research and Training Center in the Institute on Community Integration and now serves as Director of the National Institute on Disability and Rehabilitation Research. The state of Washington has also made significant progress on training programs and career ladders for home care workers for the elderly and people with disabilities. Both these states merit study of their programs.

In the private sector, the National Alliance for Direct Support Professionals (NADSP) has developed a national certification program for Direct Support Professionals working in community human services with three levels of certification.

**8. Are there any other issues/considerations you would like to highlight with regard to this policy area?** See Addendum Two, *Report on Cutbacks in Services for Developmental Disabilities Clients, State of Connecticut*. Fred Hyde, MD, Fred Hyde & Associates, December 2016 at: <http://pausebuttonforddsfiveyearplan.org>.